•			Docket No. ${ m TEM}-$	20A
•				51.0
Othe Commissioner of Pat	tents and Trademarks:			246
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∞ ==:	filing is the [3] Utility [parent approvation is	0,/6
Tho	omas E. Lenkman			
Title of invention: TR	RANSPORT VEHICLE F	OR SCANNER		· · · · · · · · · · · · · · · · · · ·
Enclosed are the following	i items:			•
A Duplicate copies	of this Patent Application T informal [X] formal drawings.	ransmittal Form.		
C. 4 Page(s) of specif				•
D. 2 Page(s) of claims	3.			
E Page(s) of abstra	net. $oxed{X}$ (Unsign	ned)		
G. X A Power of Attorn	may executed by the [X] I	nventor(s) []	Assignee.	
W An essionment tra	memittal letter		1 0 and 37 CFR 1.27	
1. X A verified statem J. An Information Di	ment to establish Small Entit	y status under 37 cm		
K A list of referen	ices (Form PTO-1449)	•		•
L Copies of referen	nces		••	
N. X Preliminary Amend	ment .			•
0. X Other (specify)	Check No. 2390 f	or #375 for	filing Fee for S	mall Entity.
		·	•	
	CLAIMS	AS FILED		
			•	
DARLE ELLING EEE.	SMALL ENTITY	OTHER THAN SMALL ENTITY		•
BASIC FILING FEE:	aracs sarring			
X Utility	\$375 \$355 k	or <u>\$710</u>	\$ <u>375</u>	•
Design	<u>\$145</u>	or <u>\$290</u>	\$	
Plant	\$240	or <u>\$480</u>	5	
TOTAL CLAIMS 14	- 20 = 0 x <u>\$ 11</u>	or X <u>\$ 22</u>	• \$ <u> </u>	
	, —	_		
	9 - 9 9 7	or X <u>\$ 74</u>	0	
INDEPENDENT CLAIMS ,	·3 = <u>^</u> × <u>\$.37</u>			
MULTIPLE DEPENDENT	Fragrici ger	•		
CLAINS PRESENT	+ <u>\$115</u>	or + <u>\$230</u>	• \$	
RECORDING FEE FOR ASSIGNME	NT (940.00)		s	
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TOTAL FILING FEE:		AT ST THE SECTION STATES	\$ <u>375</u>	
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		Sample 1		nued on next p
• • •				

1 1.00

[] The benefit of priority under 35 U.S.C. S119 is hereby claimed from the following foreign application:

Please address all correspondence in connection with this application to:

Henry W. Cummings	
3313 W. Adams St.	
St. Charles Mo.	
63301	
·	~~~~

Telephone: (636,9499408

gnature of Applicant or Attorney Henry W. Cummings

Registration No.: 22,563

7 / 5/03

CERTIFICATION OF MAILING

I certify the above identified application was mailed by postage pre-paid first class mail this 5th day of July 12003 to:

Comm. for Patients P.O. Box 1450; Alexandria VA 22313-1450.